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## **UK Academic General Practice and Primary Care – Visible? Viable? inValuable.**

The report of Higher Education England's Commission on GP Workforce is both timely and welcome. Addressing the workforce issues necessary to deliver a strong, vibrant primary care led NHS is critically important in times of financial constraint, healthcare innovation and changing population demographic. In parallel, attention must be given to the importance of recruiting, retaining and developing the primary care academic GP workforce – an agenda beyond the remit of the Commission. Despite GPs comprising 27.5% of the total medical workforce, the UK's 221<sup>i</sup> academic GPs comprise just 6.5% of all clinical academics<sup>ii</sup>. There has also been a trend in recent years for university departments of primary care to be reorganised into alternative clinical or methodological groupings. Whilst this may have some apparent advantages in terms of institutional management there are risks of fragmentation, lack of coherence, and loss of identity in terms of developing the future of this discipline. This editorial sets out our goals as academic GPs in teaching, research and patient care that echoes the position statement of the Society of Academic Primary Care: 'Academic primary care is a distinct scientific discipline working within, and alongside primary care to support and challenge practice through scholarly activity. It contributes to the understanding and delivery of the primary health care concept through: articulating the values and body of knowledge that informs and develops practice; disseminating and developing the models through teaching and a process of continual learning; and studying the implementation, evaluation and impact of current policy and strategy. Academic primary care thus combines critical reflection with creative innovation to help develop, implement, evaluate and teach the clinical discipline.'

Academic GPs undertake activity which is vital to the NHS in terms of education, research, clinical practice and service development. In education, it is academic GPs who lead the GP and community-based undergraduate teaching of all future doctors, including those considering General Practice as a career. The contribution of teaching in general practice to the clinical curriculum of 29 UK medical schools ranges from 3.4%-20.0% (mean 14.6%).<sup>iii</sup> This diversity in part reflects the on-going debate concerning what medical students should know before graduating and where and how this is best learnt. General Practice is at the heart of this discussion. It is essential that all tomorrow's doctors have sufficient quantity and quality of exposure to health care in the community, which for the most part means in general practice, to ensure they learn about undifferentiated symptoms, and understand the value of longitudinal patient care, and how patients are cared for within our modern

NHS system. In addition, educationally sound clinical exposure in general practice encourages medical students to consider general practice as a positive career option.

However the contribution of academic GPs in our medical schools goes beyond the GP placements as they have become increasingly involved in areas such as curriculum development, quality assurance, assessment, admissions, welfare, and in senior educational leadership positions. The need for academic GPs to contribute to education and training is also increasing in the postgraduate arena as former Deaneries restructure and focus increasingly on commissioning rather than providing education and training. Further innovation such as the development of Community Education Provider Networks (CEPNs) will require strong clinical educational leadership for continuing professional development amongst established primary care professionals including GPs, nurses and allied health professionals.

Academic GPs are research leaders in the UK, accounting for large scale recruitment to numerous high quality NHS-funded research studies, leading the development of such studies and building the evidence base around clinical primary care organisation and delivery. This small number of clinical academics contributes disproportionately to major national initiatives of importance to the NHS, supporting many aspects of the work of the National Institute of Health Research, supporting the development of an NIHR-funded School of Primary Care Research, and contributing at the most senior levels, to leadership in primary care education, research, administration, and service delivery. The scope and remit of primary care research extends to include applied clinical research addressing key areas such as antibiotic stewardship in primary care<sup>iv v</sup>, and approaches to managing common persistent medical conditions such as hypertension<sup>vi</sup>, diabetes<sup>vii</sup>, and, increasingly, approaches to the assessment and care of individuals with multi-morbidity<sup>viii</sup> and serious illness<sup>ix</sup>. The centrality of patients and their experience of care<sup>x</sup>, and informing new approaches to managing patients<sup>xi</sup> are examples of core themes in current primary care organisational research.

Whilst the challenges facing the NHS in respect of the overall UK GP workforce are substantial, it is essential that we do not lose sight of the need to secure a strong, critical mass of tomorrow's clinical educators in primary care and leaders in primary care research. Much has been achieved in supporting the clinical academic training of academic GPs in the past ten years through initiatives such as establishing national academic foundation programmes and academic clinical fellowships. However numbers entering these programmes remain small and opportunities for their long-term academic career development are limited. It is vital that such efforts are further developed,

accelerated, and secured to ensure continued value to the NHS, high international visibility, and core viability of this discipline.

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<sup>i</sup> Fitzpatrick, S. (2014). A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2013. London, Medical Schools Council: 1-34. <http://www.medschools.ac.uk/Publications/Pages/default.aspx> accessed 24 June 2015

<sup>ii</sup> Centre for Workforce Intelligence (2014). In-depth review of the general practitioner workforce: Final report. <http://www.cfw.org.uk/publications/in-depth-review-of-the-gp-workforce> accessed 24 June 2015

<sup>iii</sup> Harding, A., et al. (2015). "Provision of medical student teaching in UK general practices: a cross-sectional questionnaire study." *British Journal of General Practice* **65**(635): e409-e417.

<sup>iv</sup> Little, P., et al. (2013). "Clinical score and rapid antigen detection test to guide antibiotic use for sore throats: randomised controlled trial of PRISM (primary care streptococcal management)." *BMJ* **347**.

<sup>v</sup> Costelloe, C., et al. (2010). "Effect of antibiotic prescribing in primary care on antimicrobial resistance in individual patients: systematic review and meta-analysis." *BMJ* **340**: c2096.

<sup>vi</sup> McManus, R. J., et al. "Telemonitoring and self-management in the control of hypertension (TASMINH2): a randomised controlled trial." *The Lancet* **376**(9736): 163-172.

<sup>vii</sup> The association between smoking cessation and glycaemic control in patients with type 2 diabetes: a THIN database cohort study Lycett, D., Nichols, L., Ryan, R., Farley, A., Roalfe, A., Mohammed, M.A., Szatkowski, L., Coleman, Morris, R., Farmer, A. & Aveyard, P., (2015), *The Lancet Diabetes & Endocrinology*

<sup>viii</sup> Salisbury, C., et al. (2011). "Epidemiology and impact of multimorbidity in primary care: a retrospective cohort study." *British Journal of General Practice* **61**(582): e12-e21.

<sup>ix</sup> Banks J, Hollinghurst S, Bigwood L, Peters TJ, Walter FM, Hamilton W(2014). Preferences for cancer investigation: a vignette-based study of primary-care attendees. *The Lancet Oncology*, **15**(2), 232-240.

<sup>x</sup> Warren, F. C., et al. (2015). "Characteristics of service users and provider organisations associated with experience of out of hours general practitioner care in England: population based cross sectional postal questionnaire survey." *BMJ* **350**: h2040.

<sup>xi</sup> Campbell, J. L., et al. (2014). "Telephone triage for management of same-day consultation requests in general practice (the ESTEEM trial): a cluster-randomised controlled trial and cost-consequence analysis." *The Lancet* **384**(9957): 1859-1868.